

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INTERVENTIONAL PROCEDURES PROGRAMME

Equality impact assessment

IPG788 Image-guided percutaneous laser ablation for primary and secondary liver tumours

The impact on equality has been assessed during guidance development according to the principles of the NICE Equality scheme.

Briefing

1. Have any potential equality issues been identified during the briefing process (development of the brief or discussion at the committee meeting), and, if so, what are they?

Age: Incidence rates for liver cancer in the UK are highest in people aged 85 to 89 (2016-2018).

Sex: 34% of liver cancer cases in the UK are in females, and 66% are in males.

Ethnicity: Incidence rates for liver cancer are higher in the Asian and Black ethnic groups, but lower in people of mixed or multiple ethnicity, compared with the White ethnic group, in England (2013-2017).

Disability: All people with cancer and therefore patients with primary or metastatic liver cancers are covered by the disability provision of the Equality Act 2010 from the point of diagnosis.

Socioeconomic status: Liver cancer incidence rates in England in females are 78% higher in the most deprived quintile compared with the least, and in males are 89% higher in the most deprived quintile compared with the least (2013-2017). Around 1,200 cases of liver cancer each year in England are linked with deprivation (around 390 in females and around 810 in males).

2. What is the preliminary view as to what extent these potential equality issues need addressing by the committee? (If there are exclusions listed in the brief (for example, populations, treatments or settings), are these justified?)
This was not thought to have an impact on the assessment of the procedure. No exclusions were applied.

3. Has any change to the brief (such as additional issues raised during the committee meeting) been agreed to highlight potential equality issues?
No

4. Have any additional stakeholders related to potential equality issues been identified during the committee meeting, and, if so, have changes to the stakeholder list been made?
No

Consultation

1. Have the potential equality issues identified during the briefing process been addressed by the committee, and, if so, how?
<p>Most of the evidence reflected that liver cancer is more common in males. In 11 of the 13 studies presented to the committee, the overall proportion of males was 70%. One study focused on liver metastases from primary sites other than colorectal cancer (mainly from breast cancer) and included mostly females.</p> <p>Where reported, the mean age in the evidence ranged from 57 to 72 years. Overall, ages ranged from 26 to 89 years.</p>

2. Have any other potential equality issues been raised in the overview, specialist adviser questionnaires or patient commentary, and, if so, how has the committee addressed these?
No

3. Have any other potential equality issues been identified by the committee, and, if so, how has the committee addressed these?
No

4. Do the preliminary recommendations make it more difficult in practice for a specific group to access a technology or intervention compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?
No

5. Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
Not applicable

6. Are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 4 or 5, or otherwise fulfil NICE's obligation to promote equality?
Not applicable

7. Have the committee's considerations of equality issues been described in the consultation document, and, if so, where?
No

Amy Crossley

Health Technology Assessment Adviser

Date: 15/03/2024

Final interventional procedures document

1. Have any additional potential equality issues been raised during the consultation, and, if so, how has the committee addressed these?
No

2. If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access a technology or intervention compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?
Not applicable

3. If the recommendations have changed after consultation, is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
Not applicable

4. If the recommendations have changed after consultation, are there any recommendations or explanations that the committee could make to remove or alleviate barriers to, or difficulties with, access identified in questions 2 and 3, or otherwise fulfil NICE's obligations to promote equality?

Not applicable

5. Have the committee's considerations of equality issues been described in the final interventional procedures document, and, if so, where?

No

Anastasia Chalkidou

Associate Director

Date: 9/4/2024